Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	ORING PERIOD
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	20.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
Н	SAMPLE MEASUREMENT	****	****	****	7.15	****	7.41				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.26	21.56		*****	1.53	1.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	125				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.093	.113		*****	8.4	8.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0012	.0025		*****	.6	.3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
ead, total recoverable	SAMPLE MEASUREMENT	.114	.25		*****	9.8	21.7				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	into maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>=3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.043	.066		****	3.8	5.7		2		
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.043	.066		*****	3.8	5.7		2		
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.18	2.56		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	130				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINTED	anomator, needing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	0	0				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	25.31	34.59		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
WONT	JAN TO TELLIOS						

05/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

05/01/2012

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MONITORING PERIOD						
MONT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	ITY OR LOADING		JALITY OR CON	CENTRATION	ENTRATION			SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	15.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.49	****	7.63				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.14	4.49		****	2.3	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	159				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.024	.055		*****	36	64				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0012	.003		****	0	0				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0143	.0348		*****	14	20				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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05/01/2012	05/31/2012					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO. FREQUENC		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.027	.063		*****	28	37				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.17	.32		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1570	2845		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	21				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	6.5	****	7.62				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.36	35.89		****	1.35	2.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	129				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.06306	.1058		****	5.9	8.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00385	.0044		*****	.36	.39				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.10202	.1461		*****	9.5	11.4				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05948	.0676		****	5.6	6.3		2		
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.17	3.17		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	22				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	Olimorelinos				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	19.848	27.71		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR 000E.

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

(SUBR 01)

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	*****	21.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.29	****	7.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.1487	6.3438		*****	2.1	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	174				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .05	< .05				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0008	.0009		****	.4	.4				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0302	.0409		*****	14	18				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0994	.1741		*****	42	73				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.374	.536		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, reducing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

Railing Zir CODE. 6367

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1533.555	2662.187		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.2					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB	
рН	SAMPLE MEASUREMENT	****	****	****	7.21	*****	7.47					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	51.20075	184.0896		*****	10.4	18.8					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	129					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB	
Zinc, total recoverable	SAMPLE MEASUREMENT	.06477	.1909		*****	6.5	9.5					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24	
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00045	.0018		*****	0	.19					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.07328	.0894		*****	7.6	8.9					
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and material to the personal of the and any normal	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.06246	.1547		****	6.5	15.8		2		
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.85	2.44		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	80				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001					
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9					
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9					
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Flow	SAMPLE MEASUREMENT	5.681	8.12		****	****	****	*****				
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO	
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9					
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	7.89				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.45	****	7.89				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.5803	2.3212		****	1.2	1.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	194				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0141	.0259		*****	1	3				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0382	.0613		****	3	8				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.322	.46		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	208.828	550.477		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.27	*****	7.56				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.96571	14.8286		****	1.7	2.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	133				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.015		*****	.3	1.72				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.06442	.1103		*****	6.3	9.1				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.02997	.0612		*****	3	6.6				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	2.5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	23				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .00001	< .00001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1.246	2.94		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

08/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

08/01/2012

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	MM/DD/YYYY
MM/DD/YYYY	

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.89				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.86	****	8.13				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.4921	2.4606		*****	1.6	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	194				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0118	.0274		*****	10	18				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID00000:	27	002-A
PERMIT NUI	MBER	DISCHARGE NUMBER
	MONITOR	RING PERIOD
MM/DD/	YYYY	MM/DD/YYYY
08/01/2	2012	08/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 Gee Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0222	.0468		****	19	30				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	.219	.46		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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OMB No. 2040-0004

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	87.989	102.751		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

 $^{^{\}star}$ O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027			001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2012		00/30/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	18.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.35	****	7.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 1	< 1		****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	140				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02005	.0802		*****	2.6	10.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00099	.0016		****	.1	.2				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03854	.019		*****	4.6	6.4				
01114 1 0	PERMIT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027					
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
09/01/2012	09/30/2012				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.01641	.019		****	2	2.5				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.7	2.26		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	8				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
09/01/2012	09/30/2012					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .00001	< .00001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.646	1.66		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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AREA Code

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
09/01/2012	09/30/2012					

DMR Mailing ZIP CODE: 83873

MAJOR

(SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	*****	18				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	8.05	****	8.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.8067	15.2251		****	1.6	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	255				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0002	.0003		****	0	.2				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0157	.0302		*****	10	15				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027		002-A
PE	RMIT NUMBER		DISCHARGE NUMBER
$\overline{}$	MONIT		10.050100
	MOMI	ORII	NG PERIOD
	MM/DD/YYYY	ORIN	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0199	.0311		*****	15	21				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.21	.46		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	70.701	75.047		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ DD/ T T T T	

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	15.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.23	****	7.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.07133	8.2625		*****	1.3	1.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	133				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.000956	.0382		*****	1.4	5.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00053	.0021		****	.1	.3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03769	.0492		*****	5.7	7				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000	027		001-A
PERMIT N	UMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DE)/YYYY		MM/DD/YYYY
10/01	/2012		10/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.02699	.0585		*****	4.2	9.2				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.41	1.92		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	130				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .00001	< .00001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.0711	2.5		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	18				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	7.94	****	8.39				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.96656	11.8663		*****	1.9	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	258				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.013	.0342		*****	4	10				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0003	.0011		*****	0	.2				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0729	.2028		*****	20	37				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0664	.0923		*****	28	41				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.515	1.431		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	****	****	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
	OTTITOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	74.953	104.908		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.71	****	8.18				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	30.6				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02556	.1278		****	2.1	10.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00056	.0017		****	.1	.18				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.06486	.1173		*****	7.4	12.3				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
11/01/2012	11/30/2012						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02775	.052		****	3.2	6				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.13	4.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	170				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .00001	< .00001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	5.014	27.71		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLC

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
WONT	711110 1 E1110B

11/30/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .00001				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

11/01/2012

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	10.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.41	****	8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.45937	7.2449		*****	1	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	67.2				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0499	.0891		****	14	20				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.005	.0011		****	0	.4				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1115	.2208		*****	32	45				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1185	.2277		****	35	46				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.517	1.431		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

 $^{^{\}star}$ O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID00	000027	002-A
PERMIT	Γ NUMBER	DISCHARGE NUMBER
	MONITO	ORING PERIOD
	IVIOIVITO	ININO I LINIOD
MM/	DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.58				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	118.408	348.027		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.7	****	8.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	147				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.07302	.182		*****	6.4	13.5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00035	.0014		*****	.1	.14				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.04416	.1362		*****	3.6	10.1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE .	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the second state of th	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0282	.0383		****	2.7	4.1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.09	3.17		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	50				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
IVICIALL	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	.00001	.00001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	10.34	27.71		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>=3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	2.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.71	****	8.11				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	218				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.068	.0843		*****	15	18				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0006	.001		*****	0	.3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1306	.1929		*****	29	33				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027	002-A					
PEF	RMIT NUMBER		DISCHARGE NUMBER				
	MONITO	PRIN	IG PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	12/01/2012	1	12/31/2012				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

	QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
SAMPLE MEASUREMENT	.2732	.3564		****	61	70				
PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
SAMPLE MEASUREMENT	1.713	9.7		****	****	****	*****			
PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
SAMPLE MEASUREMENT	*****	****	*****	****	****	< 2				
PERMIT	*****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT	SAMPLE NODI 9 MEASUREMENT PERMIT REQUIREMENT PERMIT NODI 9 MO AVG MO A	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT NODI 9 PERMIT REQUIREMENT PERMIT NODI 9 NODI 9 NODI 9 PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT NODI 9 NODI 9 NODI 9 NODI 9 NODI 9 REQUIREMENT REQUIREMENT NO AVG DAILY MX SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT NO AVG SAMPLE MEASUREMENT NO AVG NO AVG DAILY MX ****** ****** ****** ****** ******	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	230.416	1037.38		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING DEDICE						
I MONIT	ODING DEDIOD					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	24.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.7	****	8.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.0026	5.0129		*****	1.33	1.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	141				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.06132	.0817		*****	7.5	10				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.00026	.001		****	0	.13				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03099	.0787		*****	4.8	9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
, 55,						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02238	.0304		****	2.5	3.5				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.65	1.92		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	50				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	.00011	.00023		*****	0	.027		1		
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.21	4.13		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

AREA Code

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
01/01/2013	01/31/2013					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	. 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.68	*****	8.01				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.6547	8.2733		****	2.2	2.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	193				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0441	.0515		****	10	14				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0002	.0006		*****	0	.2				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.124	.1911		*****	29	39				
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	.4155	.6683		****	97	135		32		
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP2
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	.75	1.025		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND $\ensuremath{\mathsf{C}}$

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	96.484	115.392		*****	*****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.54	*****	8.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.94729	23.7892		****	2.5	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	141				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.05095	.0676		****	5.3	6.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05095	.0676		*****	5.3	6.9				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
WIWI, BB, TTTT							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.04427	.0628		*****	4.4	6.6				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	2.14		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	140				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
TYPED OR PRINTED	and matter, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.42	4.13		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD

02/28/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 8				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

02/01/2013

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	5.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.26	****	8.35				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.6347	12.7596		****	3	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	200				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0226	.0468		*****	6	11				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0541	.0661		*****	14	20				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
1111/55 00001	
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.5085	.6442		****	130	160				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.727	.885		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

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ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	88.498	114.846		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	ORING PERIOD
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	21.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.31	****	7.52				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.0958	24.3418		*****	2	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	120				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.05309	.0718		*****	4.3	5.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.08129	.0986		*****	5.8	8.1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering		TELEP	HONE	DATE
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TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
03/01/2013	03/31/2013				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03347	.0475		****	2.7	3.8				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	2.42	4.37		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	900				
51040 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1000	I IOIVE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	10.842	21.3		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the				Ditte
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	TORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.07	****	7.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.3348	33.1751		*****	7.8	19				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	180				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0258	.0453		*****	8	13				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1235	.3965		*****	38	110		32		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
WONT	OKING FLKIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.2979	.9371		*****	100	260		1		
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.504	1.025		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING		NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .1	< .1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	202.6	416.643		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A		
PERMIT NUMBER DISCHARGE NUMBER			
MONIT	ORING PERIOD		
MM/DD/YYYY	MM/DD/YYYY		

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.25381	42.0305		****	1.75	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	150				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.05309	.0718		****	4.3	5.9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.12398	.4803		*****	6.5	20				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07996	.3547		****	3.9	16		32		
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.82	4.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	50				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
IVIIVI7 BB7 T T T					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .1	< .1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	18.865	34.59		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027	002-A				
Р	ERMIT NUMBER	DISCHARGE NUMBER				
\top	MONIT		NG PERIOD			
	WOTT	<u> </u>	VOTERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.9314	14.1303		*****	4.7	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	180				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0258	.0453		*****	8	13				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .9	< .9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1169	.2708		*****	34	72		30		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

			TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	011111011111011				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.266	.5265		****	78	140				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.462	.697		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE .	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of the second state of the sta	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	RIN	G PERIOD			
MM/DD/YYYY		MM/DD/YYYY			
04/01/2013	1	04/30/2013			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	774.226	2323.42		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
I MONII	ORING PERIOD					
MONII	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	21.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.16	****	8.02				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11.53774	69.2264		*****	5.4	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .005	< .005				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.08885	.1785		*****	7.2	14				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
I MONIT	ORING PERIOD				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.01708	.0518		****	1.8	5.6				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.35	4.63		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	22				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
I MONII	ORING PERIOD					
MONII	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	20.469	34.59		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	0				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

 * O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
05/01/2013	05/31/2013				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	\prod	002-A
PERMIT NUMBER		DISCHARGE NUMBER
MON	ITORII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
05/01/2013		05/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP2
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
74076 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLC

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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Form Approved
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	ITORING PERIOD
MM/DD/YYYY	ITORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	18.7					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB	
рН	SAMPLE MEASUREMENT	****	****	****	7.9	****	8.75					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	0	0					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	130					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB	
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .005	< .005					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24	
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.05505	.104		*****	5.2	9.5					
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24	

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

C (COEUR AND G

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nformation, including the possibility of fine and imprisonment for knowing violations

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.00876	.035		****	.8	3.2				_
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.08	2.5		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
06/01/2013	06/30/2013					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION). FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	7.507	11.49		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 002-A					
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
06/01/2013	06/30/2013				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A								
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	8.38	****	8.77				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.78899	10.734		*****	.6	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	140				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.00783	.0392		*****	.8	4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0364	.0662		*****	2.7	3.9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	OKINGTERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.09	3.32		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	4				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	T NUMBER DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
07/01/2013	07/31/2013				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.816	5.59		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
NAONUT.	001110 050100					
MONTI	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	TORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and make in the control of the contr	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	21.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	7.92	****	8.71				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.013	.053		*****	1.4	5.6				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	2.32		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	13				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

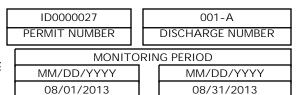
ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER



DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.95	3.49		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT(ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	0				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 002-A				
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
08/01/2013	08/31/2013			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

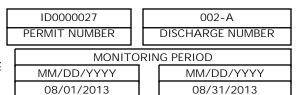
WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER



DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI C				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} 0 < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A					
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	24.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.88	*****	8.25				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		****	.25	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .5	< 5				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.007	.026		****	.7	2.7				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.88	2.63		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1000	I IOIVE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
09/01/2013	09/30/2013						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.709	4.88		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	clicertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C					
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C					
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C					
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C					
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C					
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD	
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of the possibility of the did high isolated to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	- 1		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	24.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	6.88	*****	8.25				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	.25	1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING PERIOD
IVIOIVII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.007	.026		****	.7	2.7				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.88	2.63		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 1				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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Form Approved
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .0001	< .0001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.709	4.88		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873 MAJOR

(SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	_
ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	FORING PERIOD
MONIT MM/DD/YYYY	FORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .0001	< .0001				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	102.967	143.779		*****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID	0000027		001-A
PERM	IIT NUMBER	DISC	CHARGE NUMBER
	MONIT	DINIC DI	-0.00
	MONT	RING PE	RIOD
MI	MONTTO M/DD/YYYY	RING PE	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	8.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.36	****	8.21				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.82	106.73		*****	4	9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.04	.06		*****	4.4	5.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.18	.3		*****	19.5	28				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ BB/ TTTT	

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.076	.19		****	7.7	16				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.06	3.17		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	140				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID	0000027		001-A
PERM	IIT NUMBER	DISC	CHARGE NUMBER
	MONIT	DINIC DI	-0.00
	MONT	RING PE	RIOD
MI	MONTTO M/DD/YYYY	RING PE	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .0001	< .0001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1.69	6.98		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .0001				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.03	*****	7.53				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17.48	47.94		****	12.8	25				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.017	.022		****	11	16				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.07		*****	20	52				
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.07		*****	62	120				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				_
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.249	.488		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	****	*****	< 2				_
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	88.15	127.46		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
I MONIT	ORING PERIOD				
MONIT	ORING PERIOD				
MONIT	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	11.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.41	****	7.73				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	27.78	57.96		****	3.25	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.016	.062		****	2.2	8.6				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.123	.268		*****	13.8	37				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
12/01/2013	12/31/2013						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.033	.071		****	3.5	9.8				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.77	3.03		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	140				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MON	IITORII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
12/01/2013	Ī	12/31/2013

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.73	5.99		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .0001				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

l certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

 * O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	OTTINOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.34	****	7.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.44	29.41		*****	5.5	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	12	13				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.024	.048		*****	15	28				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	Il certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.103	.13		*****	60	75				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.304	.359		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINTED	and make in the second of the	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .0001	< .0001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	87	137		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anto maton, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	10.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.65	****	8.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	83.26	311.64		****	5.6	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	130				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.066	.269		*****	4.4	19				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.74		*****	14.3	52				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	the information, the information submitted is, to the best of my knowledge and belief, true,		TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mation, meloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER DISCHARGE NUMBER				
	· · · · · · · · · · · · · · · · · · ·			
MONIT	ORING PERIOD			
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.085	.26		*****	5.4	18				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.16	4.46		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	13				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1.16	3.94		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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WALLACE, ID 83873

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DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

DADAMETED		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	18				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рΗ	SAMPLE MEASUREMENT	****	****	*****	6.91	****	8.91				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.1	22.56		*****	3.6	7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	190				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.03	.05		****	11	15				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.04	.12		*****	16	45				
01114 1 0	PERMIT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomiator, including the possibility of the and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
IVIIVI/ DD/ 1 1 1 1						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.32		****	56	120				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.46	.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

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	ID0000027		002-A				
PE	RMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
	01/01/2014	1	01/31/2014				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE UNITS			OF ANALYSIS	TYPE	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9					
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01					
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB	
Flow	SAMPLE MEASUREMENT	82	109		*****	****	*****	*****				
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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I MONIT	ODING DEDIOD					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	9.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
DH	SAMPLE MEASUREMENT	****	****	*****	7.51	****	8.64				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	88	202		*****	6.28	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	120				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.04	.11		*****	2.5	5.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
ead, total recoverable	SAMPLE MEASUREMENT	.15	.45		*****	8.5	21				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	.06	.13		****	3.7	5.9					
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9					
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.6	4.8		****	****	****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	****		Daily	MEASRD	
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	130					
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB	

			TELEPI	HONE	DATE
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ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
02/01/2014	02/28/2014					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.146	8.89		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
WONT	JAN TO TELLIOS

02/28/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	-
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

02/01/2014

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IVIIVI/ DD/ T T T T	WINNI/ DD/ 1111

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MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.67	****	8.01				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.32	74.01		****	3.3	8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	180				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.08	.22		*****	12	24				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.09	.22		*****	15	26				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.42	.69		*****	87	168				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.79	1.72		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	155	1803		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	13.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
H	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.37	42.11		*****	1.95	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	104				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.12		*****	4.8	8.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	_				
ID0000027	001-A				
PERMIT NUMBER DISCHARGE NUMBE					
MONIT	TORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.04		*****	2.1	2.8				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.74	4.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	13				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	18.86	64.37		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

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Г	ID0000027	002-A						
Г	PERMIT NUMBER		DISCHARGE NUMBER					
$\overline{}$	MONITORING PERIOD							
	MONITO	ORIN	NG PERIOD					
	MONITO MM/DD/YYYY	ORIN	NG PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	10.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.93	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32.29	60.17		*****	5.8	8.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	72.2				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.11	.17		****	19	23				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.001	.0022		*****	.2	.3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.17	.41		*****	26	60				
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.72	1.74		****	118	256				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.17	1.98		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873 MAJOR

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	571	2897		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
	_						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.84	*****	7.57				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.41	14.83		****	.55	1.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	119				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.08		****	< 5	5.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.09	.14		*****	6.7	10				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.04	.05		*****	3	6.7				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.7	3.62		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	19.89	27.71		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
7	MANUT		
L	MONT	JRIN	IG PERIOD
ł	MM/DD/YYYY		IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	12.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.99	****	7.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.95	3.81		****	.3	1.1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	145				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.01	.03		*****	3	8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .1	< .1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.045	.049		*****	12	14				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.066	.086		*****	18	25				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.71	1.03		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINTED

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TELEPHONE

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	712	1494		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
I MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	21.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.27	****	8.14				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	26.82	58.82		*****	1.56	3.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	124				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	5.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.15	.29		*****	8.3	13.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	TORING PERIOD					
10101111	OKINOTEKIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION	TRATION		FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.04	.06		*****	2.5	3				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.87	3.94		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	28.5	38.13		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
WONT	711110 1 E1110B

05/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

05/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	26.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.36	*****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.27	11.77		*****	1.8	3.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	150				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.005	.019		*****	1	5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.045	.126		*****	21	37				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

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ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.058	.156		****	28	45				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.277	.64		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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WALLACE, ID 83873

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$\overline{}$	MONIT		IC DEDICE
	MONT	ORII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	****	****	< 1				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1952	2852		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLC

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PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	ODING DEDIOD
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	20.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.49	****	8.46				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	49	137		*****	3.13	8.02				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	126				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	5.7				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.19	.28		*****	13.1	16.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.06		****	2.4	3.3				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.13	3.03		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	49				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	OKINOTEKIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	12.7	21.3		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
06/01/2014	06/30/2014				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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OMB No. 2040-0004

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	ORING PERIOD						
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	27.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.68	****	8.18				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.94	19.68		*****	.38	1.9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	135				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.11		*****	6.1	9.8				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.03		****	2	2.2				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	3.17		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	7				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
07/01/2014	07/31/2014			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.66	6.98		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

l certify under penalty of law that this document and all attachments were prepared under my

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nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>=3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID	0000027	002-A
PERM	IIT NUMBER	DISCHARGE NUMBER
	MONITO	ORING PERIOD
		<u> </u>
IM	M/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
07/01/2014	07/31/2014			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MONIT(ORING PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	144				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.13		*****	7.7	12.8				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	Correctify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.03		****	2.1	2.7				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.75	2.04		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	23				
51040 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.91	1.75		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

08/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_		FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

08/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0	0		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY				
08/01/2014	08/31/2014				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI C				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	83	91		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	DISCHARGE NUMBER ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
IVIIVI/ DD/ T T T T				

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	20.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8	21.7		*****	1.03	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	154				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.18	.28		*****	22.9	39.1				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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	MONITORING PERIOD					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUANTITY OR LOADIN		NG QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.03		*****	2.3	4.6				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP2
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.51	1.72		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASR
. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
I MONIT	ORING PERIOD				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.56	.58		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

			TELEP	HONE	DATE
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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	DRING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
09/01/2014	09/30/2014					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submiting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	morning the pession y of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
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09/01/2014	09/30/2014				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				_
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

			TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873 MAJOR

(SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: " U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	15.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
ΡΗ	SAMPLE MEASUREMENT	****	****	*****	7.32	*****	7.57				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.39	9.26		*****	.44	1.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	155				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
ead, total recoverable	SAMPLE MEASUREMENT	.097	.198		*****	12.5	25.6				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.014	.018		****	1.8	2.3				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.48	1.92		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	33				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.59	.9		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID000	00027	002-A
PERMIT	NUMBER	DISCHARGE NUMBER
	MONITO	RING PERIOD
	MONTO	KINGTERIOD
MM/E	DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.69	****	7.99				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.15	12.64		*****	3.7	4.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	107				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.03	.03		****	9	13				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.1		*****	26	30				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

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PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.21		****	52	78				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	.7		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	350				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	The state of the s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	68	86		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	14.9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.12	*****	7.67				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.9	19.07		****	1.4	3				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	172				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.04	.06		****	5.7	9.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.11	.24		*****	16.2	30.8				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	T NUMBER DISCHARGE NUMBER					
MONITO	ORING PERIOD					
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 Gee Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.023	.035		****	3.6	5.5				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.51	3.94		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	350				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting falls.				
	information, including the possibility of fine and imprisonment for knowing violations.				
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.29	27.71		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

11/30/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

11/01/2014

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	13.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	6.68	****	7.84				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.3	6.32		****	2.8	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	107				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.04	.05		*****	18	20				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.09		*****	27	62				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER I certify und	er penalty of law that this	document and all attachme with a system designed to	ents were prepared u	nder my				TEL	EPHONE	DATE

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WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY			
IVIIVI/ DD/ TTTT				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.17		****	52	67				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.46	.95		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	99	617		*****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	OBING PERIOD
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	****	15.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
ρΗ	SAMPLE MEASUREMENT	****	****	****	7.16	****	7.43				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.8	30.58		****	.93	1.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	138				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.047	.073		*****	< 5	6.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.053	.146		*****	5.7	17.8				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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I MONIT	ORING PERIOD
MONIT	ORING PERIOD
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DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.044	.099		*****	3	4.9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.88	3.78		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	540				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/21/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	5.12	6.98		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
78247 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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AREA Code

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
IVIIVI/ DD/ T T T T							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.67	****	7.66				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.33	11.06		****	2.4	3.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	158				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.049	.06		*****	20	25				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.059	.128		*****	25	54				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

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PERMIT NUMBER	DISCHARGE NUMBER
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MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.117	.161		*****	46	68				_
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.41	.64		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	*****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0			*****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	114	132		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

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PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	16.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	6.67	****	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.65	19.19		****	1.08	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	164				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.15	.6		*****	16.3	65				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.14	.22		*****	15.9	28.2				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
01/01/2015	01/31/2015						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.026	.083		****	2.8	9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	1.92		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	130				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	OKINGTERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	6.68	18.65		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

Г	ID0000027		002-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
Ī	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	7.1				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	6.72	****	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.69	14.22		****	2.9	4.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	178				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.072	.22		*****	28	63				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.052	.09		*****	19	29				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

Г	ID0000027		002-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
Ī	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.066	.098		****	24	31				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.47	.7		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	130				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	6.68	18.65		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	17.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.16	****	7.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.48	38.99		****	1.53	2.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	129				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.036	.097		*****	2.9	6.2				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.22	.48		*****	22.2	45.7				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	BER DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	1				
MM/DD/YYYY	MM/DD/YYYY				
02/01/2015	02/28/2015				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 P 0 Gee Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.022	.051		****	1.9	3.3				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	2.13	4.63		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	240				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

 $^{^{\}star}$ O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	NUMBER DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	14.87	41.73		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NUMBER

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

02/28/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

02/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
02/01/2015	02/28/2015				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	18.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7.77				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.56	5.23		****	1.1	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.05		*****	5	10				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.053	.093		*****	18	20				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE .	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	,	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ DD/ 1 1 1 1	111111111111111111111111111111111111111

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.035	.059		*****	11	12				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.57	.89		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	618	2188		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	17.1			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	7.42	****	7.74			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.72	16.42		*****	1.13	1.6			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	136			Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5			Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3			Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.26	.45		*****	26.3	45.4			Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A						
PERMIT NUMBER	MIT NUMBER DISCHARGE NUMBER					
MONITO	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
03/01/2015	03/31/2015					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.013	.025		*****	1.3	2.3			Weekly	COMP24
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.91	3.62		****	****	*****	*****		Daily	Recorde (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	33			Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01			Twice per Month	GRAB
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	13.9	45.46		****	****	****	*****		Daily	Recorde (auto)
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	< .01			Quarterly	COMP24
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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TYPED OR PRINTED

NUMBER

AREA Code

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
1401113					
MONT	ORING PERIOD				
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	15.2			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
Н	SAMPLE MEASUREMENT	****	****	****	7.24	****	8.8			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.29	3.84		****	1.4	2.8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	137			Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5			Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3			Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.022	.034		*****	16	20			Weekly	COMP24
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.174	.89		****	****	****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	0			Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniadon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01			Twice per Month	GRAB
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	581	2681		****	****	****	*****		Daily	Recorder (auto)
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	unformation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	17.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.99	****	7.55				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.21	15.54		****	.99	1.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	151				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.006	.023		*****	.26	.7				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.22	.47		*****	24.2	45.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.016	.023		*****	1.8	2.6				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	1.92		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	*****	23				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
I MONIT	ORING PERIOD			
MONIT	ORING PERIOD			
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	8.23	19.98		*****	****	*****	*****			
74076 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
04/01/2015	04/30/2015			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	16.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	8.13	****	8.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.28	7.4		****	5.9	11				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	136				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.004	.01		*****	3	8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.009	.01		*****	8	15				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	minor materia, more and the possibility of minoral anniprosonal transfer to the anniprosonal ann	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	1.11.1/55.0001
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.012	.025		****	13	15				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.13	.3		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	278	869		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.41	****	7.83				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.84	39.37		*****	1.45	5.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	158				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT				*****						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.14		*****	1.3	1.6				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ DD/ T T T T	1011017 887 1 1 1 1

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.03		*****	2.5	4.9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	1.82		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

 $^{^{\}star}$ O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2.33	3.94		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

05/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

	QUANT		TITY OR LOADING		QUALITY OR CONCENTRATION			NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

05/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

WALLACE, ID 03073

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION			NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	25.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.56	****	7.56				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.66	18.62		*****	15.5	15.5				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	136				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.006	.006		*****	5	20				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONII	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.005	.02		****	4	17				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.06	.22		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				****						
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT				*****						
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	169	243		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

l certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

 $^{^{\}star}$ O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		I I		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB	
рН	SAMPLE MEASUREMENT	****	****	****	7.33	****	7.92					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	2.04	8.15		****	.3	1.2					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	151					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB	
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24	
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.13	.16		*****	17	23.6					
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24	

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TYPED OR PRINTED	and make in the control of the contr	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD
WALLACE ID 83873

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
ו זו זו לטט (ואוואו								

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.43	1.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.84	1.42		****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .01				
78247 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
06/01/2015	06/30/2015					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.91	****	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.05	10.1		****	3.3	6.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	157				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.03		*****	17	21				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

Г	ID0000027		002-A					
Г	PERMIT NUMBER		DISCHARGE NUMBER					
_ [MONITO	DRIN	IG PERIOD					
ſ	MM/DD/YYYY		MM/DD/YYYY					
	06/01/2015	7	06/30/2015					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.03		****	13	16				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.06	.29		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		002-A				
PERMIT NUMBER] [DISCHARGE NUMBER				
MONI	TORIN	IG PERIOD				
MM/DD/YYYY		MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	97	141		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	27.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.36	****	7.79				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.74	12		*****	.8	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	178				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.07		*****	2.2	6.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.19	.4		*****	23.6	36.9				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.01	.02		****	1.2	1.8				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				*****						
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.49	2.03		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	33				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
I MONIT	COUNC DEDIOD				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	· I I	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.57	.58		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	NODI 9	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01114 1 0	PERMIT	.24	.66	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONI	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP2
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	70.2	75.5		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.67	****	8.07				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.62	10.49		*****	.55	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	162				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.13	.27		*****	23.6	42.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.009	.03		****	2	5.2				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.97	1.34		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	****	23				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE .	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
51406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.51	.55		****	****	****	*****			
74076 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

	personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONITO	ORING PERIOD				
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					l a =			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	X OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01114 1 0	PERMIT	.24	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI C				
51040 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

NAME/ TITLE I KINGII AL EXECUTIVE OTTICEK	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1 1 1 1 1 1 1 1	IONE	DAIL
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ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO
NAME/TITLE PRINCIPAL EXECUTIVE	E OFFICER I certify und	der penalty of law that this	document and all attachme	ents were prepared un	ider my		<u>. </u>		TEL	EPHONE	DATE

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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/01/2015 09/30/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	19.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
DH.	SAMPLE MEASUREMENT	****	****	****	7.12	****	7.57				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.39	12.03		****	1.05	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	202				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.21		*****	22.9	56.4				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.008	.01		*****	1.8	2.7				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.85	1.52		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	5				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

AREA Code

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.46	.51		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

MPLE REMENT RMIT REMENT MPLE REMENT REMENT MPLE REMENT MPLE REMENT MPLE REMENT REMENT	VALUE ***** ***** ***** NODI C 80 MO AVG	VALUE ***** ***** NODI C 248	WNITS ***** ***** ***** Ib/d	VALUE ***** ***** NODI C 6.5 INST MIN *****	***** ***** ***** NODI C	VALUE NODI C Req. Mon. INST MAX NODI C 9 INST MAX NODI C	deg C	EX	Weekly Weekly	GRAB GRAB
REMENT RMIT REMENT IPLE REMENT REMENT IPLE REMENT REMENT REMENT REMENT REMENT	***** ***** NODI C	****** ***** NODI C 248	***** ***** *****	***** NODI C 6.5 INST MIN *****	****** ***** *****	Req. Mon. INST MAX NODI C 9 INST MAX			3	
REMENT MPLE REMENT RMIT REMENT MPLE REMENT RMIT REMENT	****** NODI C	****** ***** NODI C 248	*****	NODI C 6.5 INST MIN ******	***** *****	INST MAX NODI C 9 INST MAX			3	
REMENT RMIT REMENT MPLE REMENT RMIT REMENT	****** NODI C	****** NODI C	*****	6.5 INST MIN *****	*****	9 INST MAX	SU		Weekly	GRAB
REMENT MPLE REMENT RMIT REMENT	NODI C	NODI C		INST MIN *****		INST MAX	SU		Weekly	GRAB
REMENT RMIT REMENT	80	248	lh/d		NODI C	NODI C				
REMENT			lh/d			I				
		DAILY MX	16/4	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
MPLE REMENT	****	****	*****	****	****	NODI C				
RMIT REMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
MPLE REMENT	NODI C	NODI C		*****	NODI C	NODI C				
RMIT REMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
MPLE REMENT	NODI C	NODI C		****	NODI C	NODI C				
RMIT REMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
IPLE REMENT	NODI C	NODI C		*****	NODI C	NODI C				
RMIT REMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24
F F I / F F I / F F I	REMENT RMIT REMENT IPLE REMENT IPLE REMENT REMENT IPLE REMENT REMENT IPLE REMENT IPLE REMENT IPLE REMENT IPLE REMENT IPLE REMENT	REMENT RMIT REMENT MPLE REMENT RMIT REMENT AND AVG MPLE REMENT RMIT REMENT AND AVG MPLE REMENT RMIT REMENT RMIT REMENT RMIT REMENT RIT RIT REMENT RIT REMENT RIT REMENT RIT REMENT RIT REMENT RIT RIT REMENT RIT	REMENT RE	REMENT REMENT	REMENT RMIT REMENT REMENT MPLE REMENT RODI C NODI C NODI C REMENT RMIT REMENT MO AVG MPLE REMENT NODI C REMENT NODI C REMENT NODI C REMENT NODI C NODI C NODI C REMENT NODI C NODI C NODI C REMENT NODI C NODI C	REMENT REMIT REMENT REMENT	REMENT REMIT REMENT NODI C NODI C NODI C NODI C REMENT NODI C NODI C NODI C REMENT NODI C NODI C NODI C NODI C REMENT NODI C NODI C NODI C NODI C NODI C NODI C REMENT NODI C REMENT NODI C NODI C NODI C REMENT NODI C NODI C NODI C REMENT NODI C NODI C REMENT NODI C NODI C REMENT NODI C NODI C NODI C NODI C REMENT NODI C REMENT NODI C NODI C NODI C	REMENT	REMENT	REMENT

	unection of supervision in accordance with a system designed to assure that qualified	1	i		
	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				•
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	<u> </u>		
TYPED OR PRINTED	and matery mediating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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OMB No. 2040-0004

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C			
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L	Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C			
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L	Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C			
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L	Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C			
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L	Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C			
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L	Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	*****	*****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****	Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	#/100mL	Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	NODI C		****	****	****	*****			_
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT(ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	16.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.87	*****	8.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.54	16.46		****	1.15	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	227				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.008	.03		*****	< 5	6.4				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.08	.15		*****	17.2	29.3				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.01	.02		****	2.3	3.1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.99	1.77		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	****	49				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
IVIOIVII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.43	.6		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027		002-A
PEF	RMIT NUMBER		DISCHARGE NUMBER
$\overline{}$			10.050100
	MONTI	<u>O</u> RIN	IG PERIOD
	MONII MM/DD/YYYY	ORIN	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	8.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.62	****	6.62				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.03	.03		*****	3.4	3.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	234				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0001	.0001		*****	18	18				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0001	.0001		*****	12	12				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ DD/ T T T T	

DMR Mailing ZIP CODE: 83873

MAJOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.0003	.0003		*****	39	39				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.02	.4		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	63	65		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/ BB/ TTTT	

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	11.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.47	****	7.81				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.8	19.2		****	.55	2.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	177				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.08		*****	< 5	6.3				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.06	.1		*****	6.3	8.2				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	OKIINO I EKKOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Copper, total recoverable	SAMPLE MEASUREMENT	.0097	.019		*****	1.2	1.9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.32	2.26		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.72	3.94		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

11/30/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .001				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

11/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto mation, meloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		002-A				
PERMIT NUMBER	1 🗆	DISCHARGE NUMBER				
MONIT	FORIN	G PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
	_					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	11.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.22	****	7.89				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.6	5.5		*****	1.8	4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	196				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.04		*****	16	27				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.01	.02		****	9	14				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.24	.54		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	< 2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matery, metaling the pessionity of the did imprisonment to the migrations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0	000027	002-A
PERMI	T NUMBER	DISCHARGE NUMBER
	MONITO	ORING PERIOD
	MOME	KING FLKIOD
MM	/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	66	95		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLA	ATIONS (Reference all attachments here)

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved
OMB No. 2040-0004

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.84	*****	7.88				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.73	18.5		****	.8	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	152				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.17	.41		*****	16	44.2				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	-
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 lee Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.07		****	1.8	2.8				
01119 P 0 Gee Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 Gee Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP2
low, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.94	4.37		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	33				
1040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.24	31.15		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.2				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	****	6.73	*****	7.73				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3.86	15.43		*****	.5	2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	****	*****	****	157				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.18		*****	17	23				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	into maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O<48 cfs, P>=48 to <109 cfs, Q>= 109 to <379 cfs, R>=379 to <649 cfs, S>=649 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR

(SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.04		****	4	5				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.43	1.43		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	112	880		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	16.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.97	38.67		****	1.75	2.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	172				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.07		*****	< 5	6.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.3	.45		*****	20	29.4				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027		001-A
PI	ERMIT NUMBER		DISCHARGE NUMBER
$\overline{\Box}$	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2016]	01/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	*****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.026	.04		*****	1.9	2.7				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.4	3.17		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

^{*} O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	2	9.81		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
РН	SAMPLE MEASUREMENT	****	****	****	6.8	****	7.73				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0		*****	< .1	< .1				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	187				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.03	.06		*****	11	20				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0003	.0009		*****	.01	.03				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.11		*****	25	33				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.05		****	11	19				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.36	.7		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	2				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
01/01/2016	01/31/2016					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	77	118		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
IVIOIVIII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	. 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	14.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.95	****	7.77				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	26.32	37.21		****	2.35	3.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	173				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.18	.56		*****	15.1	49.8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.29	.42		*****	25.7	33.8				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

 $^{^{\}star}$ O<1.7 cfs, P>=1.7 to <3.8 cfs, Q>= 3.8 to <13.4 cfs, R>=13.4 to <23 cfs, S>=23 cfs

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	S TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.07		****	2.5	4.2				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.11	2.89		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	46				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
02/01/2016	02/29/2016					

DMR Mailing ZIP CODE: 83873

MAJOR
(SUBR 01)
LAKE CREEK
External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	10.26	27.71		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					

02/29/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	-
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

02/01/2016

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

Г	ID0000027		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
7	MONIT		IC DEDICE
ı	IVIOIVIII	ORII	NG PERIOD
ł	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	8.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.73	****	8.01				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.04	11.11		*****	3.3	4.7				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	168				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.01	.03		*****	7	11				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0003	.0006		****	.1	.2				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.21		*****	32	47				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.16		****	20	36				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.62	.95		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	246	753		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER DISCHARGE NUMBER							
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	17.7				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.4	****	8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42.25	48.72		*****	3.35	3.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	197				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.23	.4		*****	18.8	31.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.24	.48		*****	19.2	40.5				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A							
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.04		****	1.5	3.3				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.61	4.82		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRE
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	70				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A							
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	15.29	34.59		*****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLC
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
03/01/2016	03/31/2016					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	12.4				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.17	****	8.04				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.36	12.34		*****	2.2	3.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	172				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.02	.04		*****	5	8				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.13	.29		*****	32	79				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 002-A							
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.16		****	16	36				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.75	1.03		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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WALLACE, ID 83873

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PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	ORING PERIOD					
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	442	1339		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	****	*****		Daily	RCDFLO

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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 001-A						
PERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	****	20.3				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.88	****	8.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	19.62	48.49		*****	1.8	4.2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	190				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.06	.16		*****	5.8	15				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

l certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
04/01/2016	04/30/2016					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 1	< 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.95	3.03		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	79				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	he information, the information submitted is, to the best of my knowledge and belief, true,		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowling violatings.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
04/01/2016	04/20/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	19.06	27.71		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< .01				
78247 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NUMBER

AREA Code

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	24.6				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
РН	SAMPLE MEASUREMENT	****	****	****	8.18	****	8.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.8	5.48		****	3.3	4.4				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	175				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.06	.1		*****	32	42				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and make in the control of the contr	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
WIIWI/ DD/ T T T T							

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.008	.012		****	5	6				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.35	.56		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	0				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty or law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE .	DATE
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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	RING PERIOD						
MONITC MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	1014	2153		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	RCDFLO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
I	ORING PERIOD						
MONTI	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	13.8				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.88	*****	8.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11.0307	15.667		*****	1.15	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	198				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.219	.4573		*****	23	46.7				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 O 0 lee Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP2
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 Gee Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0176	.0195		*****	< 1	< 1				
01119 Q 0 Gee Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
low, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.63	1.92		****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	23				
1040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

TYPED OR PRINTED information, including the possibility of fine and imprisonment for knowing violations.

AUTHORIZED AGENT

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I	ORING PERIOD
MONTI	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	8.985	14.64		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Daily	RCDFLC

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

05/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

05/01/2016

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	****	19.47				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	8.18	****	8.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.62	10.898		*****	3.5	4.8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	195				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< .3	< .3				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0509	.1042		*****	31	46				
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0096	.0185		*****	6	8				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.64		****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	130				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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TYPED OR PRINTED

NUMBER

TELEPHONE

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	*****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .001	< .001				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	556	1474		*****	*****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

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WALLACE, ID 83873

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		001-A
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
IVIIVI/ DD/ 1 1 1 1		WIWI/ DD/ TTTT

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QL	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	24.5				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.92	****	7.95				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.43	11.22		*****	1.3	1.6				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	73.8				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0287	.113		*****	4	16.1				
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0018	.007		*****	.3	1				
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1648	.3838		*****	22	54.7				
01114 1 0	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,				
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LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	NUMBER DISCHARGE NUMBER				
NACAUT					
MONT	TORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT				****						
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0214	.0526		****	3	7.5				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	*****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	1.48	1.72		****	****	*****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	46				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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NUMBER

AREA Code

^{*} O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONIT	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
06/01/2016	06/30/2016			

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		****	< .01	< .01				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	3.475	5.99		****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< .01				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

Г	ID0000027		002-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
П	MONIT		IG PERIOD
	IVIOIVII	OKIII	NG FLKIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	18.1					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB	
рН	SAMPLE MEASUREMENT	****	*****	*****	7.18	****	7.93					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	.4902	.4902		*****	3.4	4.4					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB	
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0		*****	< 5	< 5					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24	
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0		****	< .3	< .3					
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.000025	.0001		*****	9	16					
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24	

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID000	00027	002-A				
PERMIT	NUMBER	DISCHARGE NUMBER				
	MONITO	PRING PERIOD				
MM/D	D/YYYY	MM/DD/YYYY				
07.70	1/2016	06/30/2016				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	*****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0004	.0017		****	11	12				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.031	.223		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0		*****	< .001	< .001				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	126.167	202		*****	****	****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23.4	deg C			
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.88	****	8.26	SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.52	25.95	lb/d	*****	1.1	3	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	73.8	mg/L			
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	.0035	.1401	lb/d	*****	4	16.2	ug/L			
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0035	.0109	lb/d	*****	.4	1.26	ug/L			
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1478	.2682	lb/d	*****	17	31	ug/L			
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

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Corey William Corloral Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75!	5-3569)9/29/2010
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

What is NODI?

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.0418	.134	lb/d	*****	5	15.3	ug/L			
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.52	1.82	cfs	****	****	****	*****		Daily	MEASRE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	130	#/100mL			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)755-3569)9/29/2010
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND $\ensuremath{\mathsf{C}}$

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L			
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	*****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.926	1.66	cfs	****	****	*****	*****			
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< .01	ug/L			
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Corey Millard	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75	5-3569)9/29/2010
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

What is NODI?

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2016 07/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	24.8	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	8.12	*****	8.12	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	*****	2.4	2.4	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	6.42	6.42	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

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Corey William ar Conteral Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)755-3569)9/29/2010
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

^{*} O < 48 cfs, P > = 48 to < 109 cfs, Q > = 109 to < 379 cfs, R > = 379 to < 649 cfs, S > = 649 cfs

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	ORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
07/01/2016	07/31/2016						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	10.7	10.7	ug/L		Weekly	COMP24
01119 P 0 Gee Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 Gee Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
low, in conduit or thru reatment plant	SAMPLE MEASUREMENT	.009	.0034	cfs	****	****	****	*****		Daily	MEASRE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	****		Daily	MEASRE
. coli	SAMPLE MEASUREMENT	*****	****	****	*****	****	0	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Corey Millard/ General Manager

TYPED OR PRINTED

NUMBER

(208)755-3569

AREA Code

Corey MIllard

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

19/29/201

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WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	ORING PERIOD						
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	81.119	95.835	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	****	*****	*****		Daily	RCDFLO

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
I IVICINI I	URING PERIOD I					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	QUALITY OR CONCENTRATION					SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	23.9	deg C		Weekly	GRAB	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB	
рН	SAMPLE MEASUREMENT	****	****	****	6.88	****	8.36	SU		Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	5.09	10.86	lb/d	*****	.75	1.6	mg/L		Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	175	mg/L		Monthly	GRAB	
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB	
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24	
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24	
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Weekly	COMP24	
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.131	.242	lb/d	*****	17	31	ug/L		Weekly	COMP24	
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24	

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Corey William ar Conteral Wallager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)755-3569		0/06/2016
TYPED OR PRINTED	amorniation, moreoung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.0103	.0123	lb/d	*****	1	1.75	ug/L		Weekly	COMP24
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	*****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	*****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.27	1.43	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	*****	****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	****	17	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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cerey williara, cerierar wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75!	5-3569	0/06/2016
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

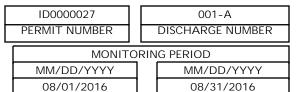
ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER



DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	*****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	*****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	*****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.592	.74	cfs	*****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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LOCATION: 1041 LAKE GULCH ROAD

WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

	ID0000027		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	NACHUTA		IC DEDICE
L	MONTO	אוואכ	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

08/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	0	ug/L		Quarterly	COMP24
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

08/01/2016

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I (Inrev Millard	TELEP	HONE	DATE
Corey Millard/ General Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75	5-3569	0/06/2010
TYPED OR PRINTED	amornation, meading the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* O < 1.7 cfs, P > = 1.7 to < 3.8 cfs, Q > = 3.8 to < 13.4 cfs, R > = 13.4 to < 23 cfs, S > = 23 cfs

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.1	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	8.12	****	8.12	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.734	1.23	lb/d	*****	2.5	3.2	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	185	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0014	.0018	lb/d	*****	6	7.03	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Corey Millard	TELEPI	HONE	DATE
Joseph Millard, Correctal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)75!	5-3569)9/29/2010
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.0023	.0033	lb/d	*****	8.96	9.26	ug/L		Weekly	COMP24
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	*****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	*****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.025	.255	cfs	*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	*****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	****	94	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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Corey William ar Conteral Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)755-3569)9/29/2010
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	tox chronic		Quarterly	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. INST MAX	tox chronic		Quarterly	COMP24
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	65.5	67.171	cfs	*****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	RCDFLO

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Soloy Willard, Collect at Wallager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)755-3569)9/29/2010
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	18.4	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.07	****	7.68	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	202 MO AVG	560 DAILY MX	lb/d	*****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	****	169	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	1.2 MO AVG	2.7 DAILY MX	lb/d	*****	87 MO AVG	195 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.012 MO AVG	.027 DAILY MX	lb/d	*****	.87 MO AVG	1.9 DAILY MX	ug/L		Weekly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0788	.1127	lb/d	*****	18	20.7	ug/L		Weekly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	.39 MO AVG	.81 DAILY MX	lb/d	*****	27 MO AVG	58 DAILY MX	ug/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	0/13/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Chrome Vi was analyzed in August.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	.0055	.0162	lb/d	*****	1	2.9	ug/L		Weekly	COMP24
01119 O 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.29 DAILY MX	lb/d	****	7.7 MO AVG	21 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 P 0 See Comments	PERMIT REQUIREMENT	.079 MO AVG	.21 DAILY MX	lb/d	****	5.7 MO AVG	15 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.053 MO AVG	.14 DAILY MX	lb/d	****	3.8 MO AVG	10 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	.061 MO AVG	.17 DAILY MX	lb/d	*****	4.4 MO AVG	12 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	.11 MO AVG	.32 DAILY MX	lb/d	****	8.2 MO AVG	23 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.88	1.18	cfs	****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	240	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

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Joseph Milliara, General Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682-5578		0/13/2016
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Chrome Vi was analyzed in August.

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY				
09/01/2016	09/30/2016				

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01) LAKE CREEK External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 O 0 See Comments	PERMIT REQUIREMENT	.00015 MO AVG	.0003 DAILY MX	lb/d	****	.011 MO AVG	.022 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 P 0 See Comments	PERMIT REQUIREMENT	.00017 MO AVG	.00032 DAILY MX	lb/d	****	.012 MO AVG	.023 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.00019 MO AVG	.00037 DAILY MX	lb/d	****	.014 MO AVG	.027 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.00048 MO AVG	.00098 DAILY MX	lb/d	*****	.035 MO AVG	.071 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.00075 MO AVG	.0015 DAILY MX	lb/d	****	.054 MO AVG	.11 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	.526	.58	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	*****	*****		Daily	RCDFLO
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. INST MAX	ug/L		Quarterly	COMP24

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Matthew Drews	TELEPI	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682	2-5578	0/13/201
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	19.2	deg C		Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. INST MAX	deg C		Weekly	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.25	****	6.81	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.734	1.23	lb/d	*****	1.2	1.4	mg/L		Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	80 MO AVG	248 DAILY MX	lb/d	****	20 MO AVG	30 DAILY MX	mg/L		Weekly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	****	*****	*****	200	mg/L		Monthly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. INST MAX	mg/L		Monthly	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	.63 MO AVG	1.8 DAILY MX	lb/d	*****	85 MO AVG	237 DAILY MX	ug/L		Weekly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Weekly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.007 MO AVG	.019 DAILY MX	lb/d	*****	.91 MO AVG	2.6 DAILY MX	ug/L		Weekly	COMP24
ead, total recoverable	SAMPLE MEASUREMENT	.0056	.0134	lb/d	*****	18	38	ug/L		Weekly	COMP2
01114 1 0	PERMIT REQUIREMENT	.24 MO AVG	.66 DAILY MX	lb/d	*****	32 MO AVG	88 DAILY MX	ug/L		Weekly	COMP24

Matthew Drews

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

information, including the possibility of fine and imprisonment for knowing violations

pH was below limit during the month but returned to within limits.

Corey Millard/ General Manager

NUMBER

(208)682-5578

AREA Code

0/13/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: U.S. SILVER CORP - IDAHO INC

ADDRESS: PO BOX 440

WALLACE, ID 83873

FACILITY: U.S. SILVER CORPORATION - IDAHO INC (COEUR AND G

LOCATION: 1041 LAKE GULCH ROAD WALLACE, ID 83873

ATTN: COREY MILLARD, ENVIR SUPER

ID0000027		002-A
PERMIT NUMBE	R	DISCHARGE NUMBER
MC	DNITORII	NG PERIOD
MM/DD/YYY	Ύ	MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 O 0 See Comments	PERMIT REQUIREMENT	.42 MO AVG	.9 DAILY MX	lb/d	****	56 MO AVG	120 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.0037	.0071	lb/d	****	10	12.5	ug/L		Weekly	COMP24
01119 P 0 See Comments	PERMIT REQUIREMENT	.48 MO AVG	.97 DAILY MX	lb/d	****	64 MO AVG	130 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
01119 Q 0 See Comments	PERMIT REQUIREMENT	.82 MO AVG	1.7 DAILY MX	lb/d	****	110 MO AVG	230 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 R 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
01119 S 0 See Comments	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	150 MO AVG	300 DAILY MX	ug/L		Weekly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.072	.145	cfs	*****	****	****	*****		Daily	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	****	****	*****		Daily	MEASRD
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	****	23	#/100mL		Monthly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. INST MAX	#/100mL		Monthly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Matthew Drews	TELEPI	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682-5578		0/13/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) pH was below limit during the month but returned to within limits.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ATTN: COREY MILLARD, ENVIR SUPER

ID0000027	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83873

MAJOR (SUBR 01)

SOUTH FORK COEUR D?ALENE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 O 0 See Comments	PERMIT REQUIREMENT	.0009 MO AVG	.0018 DAILY MX	lb/d	****	.12 MO AVG	.24 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	0	0	lb/d	*****	0	0	ug/L		Once per 2 Weeks	GRAB
71900 P 0 See Comments	PERMIT REQUIREMENT	.0013 MO AVG	.0026 DAILY MX	lb/d	*****	.18 MO AVG	.35 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 Q 0 See Comments	PERMIT REQUIREMENT	.0015 MO AVG	.0031 DAILY MX	lb/d	*****	.2 MO AVG	.41 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		****	NODI 1	NODI 1				
71900 R 0 See Comments	PERMIT REQUIREMENT	.0051 MO AVG	.011 DAILY MX	lb/d	*****	.68 MO AVG	1.4 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	NODI 1	NODI 1		*****	NODI 1	NODI 1				
71900 S 0 See Comments	PERMIT REQUIREMENT	.0075 MO AVG	.014 DAILY MX	lb/d	*****	1 MO AVG	2 DAILY MX	ug/L		Once per 2 Weeks	GRAB
Flow	SAMPLE MEASUREMENT	62.608	64.575	cfs	****	****	****	*****		Daily	RCDFLO
74076 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	cfs	****	*****	*****	*****		Daily	RCDFLO

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Matthew Drews	TELEPI	DATE	
John Strain Wanager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)682-5578		0/13/2010
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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